

Application Packet

For

Tobacco-Use Prevention Education (TUPE) Program

Grades 9-12 Competitive Grants
(July 1, 2002 – March 15, 2005)

*Must be received by the Healthy Kids Program Office
no later than 4:00 p.m. on Wednesday, February 13, 2002*

California Department of Education



C A L I F O R N I A
Healthy Kids
P R O G R A M O F F I C E

721 Capitol Mall, 3rd Floor
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 657-2810

Application for Tobacco-Use Prevention Education (TUPE) Program Grades 9-12 Competitive Grants

Application Cover Sheet

This page is to declare that the Local Educational Agency (LEA) is hereby applying for funds for the TUPE Grades 9-12 Competitive Grants.

The Superintendent or designee of the LEA (county, district or charter school) submitting this application must sign this page.

GRANT TERM: July 1, 2002 – March 15, 2005

Budget Requested for entire funding term of 33 months: Not to exceed maximum funding allowable
(See page 15 of the RFA).

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Applicant Agency:

County/District Code:

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Address:

County Location:

City:

Zip Code:

Contact Person:

Title:

Telephone:

Fax:

E-Mail Address:

Certification: I hereby certify that this Local Educational Agency will adhere to all the assurances noted on the back of this page and that this agency will fully implement the program as described in this application.

Superintendent/Designee Name:

Superintendent/Designee Signature:*

*Signature is also required on Form 2

Application Category (check one):

☐

Category I - New Grades 9-12 Application

☐

Category II - Continuing Grades 9-12 Application

Applications must be received no later than 4:00 p.m. on Wednesday, February 13, 2002.

Please submit an original and 4 copies to:

**California Department of Education
Healthy Kids Program Office
721 Capitol Mall, 3rd Floor
P.O. Box 944272
Sacramento, CA 94244-2720**


Facsimile or email submissions are not allowed or accepted.

Program Assurances

This page identifies the program assurances that are agreed to by the applicant agency and all participants. The Superintendent's or designee's signature on Forms 1 and 2 (Cover Sheet and Participant Identification/Acceptance of Assurances) and each school principal signature on Form 2 (Participant Identification/Acceptance of Assurances) signify acceptance of these assurances.

1. The applicant agency and all school districts represented in the application have been certified by the CDE as having met the tobacco-free school district criteria on or before July 1, 2002 and are not receiving or planning to receive funds from the tobacco industry. A fully implemented tobacco-free policy, must be board-adopted and include the following:
 - The policy shall prohibit the use of tobacco any time, in district-owned or leased buildings, on district property, and in district vehicles.
 - Information about the policy and enforcement procedures shall be clearly communicated to school personnel, parents, students, and the larger community.
 - Signs stating "Tobacco-Use is Prohibited" shall be prominently displayed at all entrances to school property.
 - Information about smoking cessation support programs shall be made available, and encouraged for students and staff.
2. The applicant and all participating districts are willing to participate in an external evaluation by researchers as described in the RFA. (Page 5)
3. The applicant agency and all participating districts agree to administer the district-level California Healthy Kids Survey (CHKS), including the core module and the tobacco supplement, to a representative population of students in grades 7, 9, and 11 within the first year of initial funding and every other year thereafter as long as TUPE funding is received. Please note that you may be required to conduct the district-level survey in schools and grade levels that are not participating in this grant, depending on valid sampling size as determined by WestEd. If an LEA has conducted the CHKS in the 2001-2002 school year under a previous grant, the LEA may continue conducting the survey every other year, and does not need to conduct it within the first year of this new grant.
4. The applicant agency has a systemic and ongoing process to: (1) collect data, (2) ensure that the program resulting from this grant process is being implemented as planned, and (3) measure the effectiveness of the program in achieving its expected results.
5. The P-2 a.d.a. listed for all participating schools is correct to the best of your knowledge.
6. The applicant agency and all participating districts will submit the following required deliverables by the designated due dates:

6-Month Progress Report	due February 15, 2003 (Category I only)
12-Month Progress Report	due August 15, 2003
24-Month Progress Report	due August 15, 2004
Final Expenditure Report	due May 16, 2005
Final Program Report	due May 16, 2005



All deliverables are to be submitted by the applicant agency.

Note: The Final Program Report is to provide a summary of the program and student progress for the entire (33 months) grant term that includes conclusions derived from CHKS data and evaluation results for future program planning.
7. The applicant agency and all participating districts are also aware that failure to submit the required deliverables by the established due dates may result in termination of the grant with the California Department of Education billing the applicant agency for any advanced funds.
8. The applicant agency and all participating districts/schools will implement the program as described in the approved application.

Participant Identification/Acceptance of Assurances

Complete individual pages for each participating district. See the back of this page for important information.

District Name:	County/District Code:		Supt./Designee Name:	Supt./Designee Signature: (Original Signature Required)
School (CDS) Code	Participating School Name(s): (From the above-named district only)	School's 2000-2001 P-2 a.d.a. for Grades 9-12	School Principal's Name	School Principal's Signature (Original signatures required)
Total P-2 a.d.a. (Grades 9-12) for above schools:			If total P-2 a.d.a. is 1,000 or less, multiply actual a.d.a. by \$21, then add an \$18,000 base and enter amount below for maximum allowable funding not to exceed \$37,500.* ↓	<i>OR</i> If total P-2 a.d.a. is more than 1,000, multiply actual a.d.a. by \$37.50 and enter amount below for maximum allowable funding. ↓
Maximum Funding for Entire Grant Term (33 months): →			\$	\$
*A district can apply for UP TO \$37,500 if the proposed program is well-justified and aligned with the budget. →			<input type="checkbox"/> Check the box ONLY if Requesting more than the allowable maximum funding, up to \$37,500.	NOT APPLICABLE

Participant Identification/Acceptance of Assurances

Instructions for completing Form 2:

- A separate form must be completed for each participating district for Grades 9-12 Competitive Grants.
- Indicate the name of the participating district, County/District Code (CD Code), and the district Superintendent's name.
- The District Superintendent/Designee must sign this form. The District Superintendent's (or Designee's) signature certifies that the program assurances on the preceding page have been read and are accepted as the basic minimum requirements for this grant. **(Original signature required.)**
- List CDS Codes, names of the participating schools in this district, the 2000-2001 (Grades 9-12) P-2 a.d.a. for each participating school and the name of the principal.
- For all participating schools, the school principal's signature is required. The signatures of the school principal signifies acceptance of the program assurances noted on the preceding page. **(Original signatures required.)**

Total P-2 a.d.a. (Grades 9-12) and Maximum Funding Allowable:

- Total the P-2 a.d.a. (Grades 9-12) for the participating schools from the named district only. (If additional space is needed, please make a note that this is a "Subtotal" and continue on another page.)

- If the Total P-2 a.d.a. (Grades 9-12) for the participating schools within the district is:

1,000 or less a.d.a.

Multiply the listed grades 9-12 a.d.a. (for the participating schools within the district) by \$21. Then add an \$18,000 base.

This would be the Maximum Funding allowable for the named district for the entire grant term (33 months).

Exception: This applicant may apply for up to \$37,500, if the proposed program is well-justified and aligned with the budget.

Over 1,000 a.d.a.

Multiply the listed grades 9-12 a.d.a. (for the participating schools within the district) by \$37.50.

This would be the Maximum Funding allowable for the named district for the entire grant term (33 month).

Applications that include multiple districts must complete a separate form per participating district, calculate the maximum funding for each district, and then add all the participating districts' maximum funding to determine the maximum funding for the application.

NOTE: If a district is represented in more than one application during this application process, please use the "Worksheet for Determining Maximum Funding" (Attachment 2) to calculate the maximum funding allowable for the district. This worksheet does not need to be submitted with the application.

COMPONENT A. - OVERALL PROGRAM SUMMARY (Refer to the instructions on the back of this page.)

Category I (New): (5 Possible Points) Narrative not to exceed two pages using Form 3.

Category II (Continuing): (10 Possible Points) Narrative not to exceed four pages using Form 3.

COMPONENT A. - OVERALL PROGRAM SUMMARY

Category I (New): (5 Possible Points) The narrative is not to exceed two pages using Form 3.

Briefly describe the overall program proposed in this application, including how it will be administered.

Category II (Continuing): (10 Possible Points) The narrative is not to exceed four pages using Form 3.

Briefly describe the overall program proposed in this application including how it will be administered. The information provided must include a summary of the current program's progress toward the achievement of the goals and objectives to justify continued funding. This summary will include a discussion regarding CHKS data, trends, observations, and progress report information during your previous grant period. The summary must also include information about program services that have been and will be provided, student outcomes, and any program changes implemented as a result of the evaluation data.

District(s):

School Site(s):

Form 4

COMPONENT B. - NEEDS AND STRENGTHS ASSESSMENT - Principle #1 of the Principles of Effectiveness (10 Possible Points)

The narrative is not to exceed two pages using Form 4. Refer to the instructions on the back of this page.

COMPONENT B. - NEEDS AND STRENGTHS ASSESSMENT - Principle #1 of the Principles of Effectiveness (10 Possible Points)

The narrative is not to exceed two pages using Form 4.

A comprehensive assessment of needs and strengths that includes gathering and analyzing information from a variety of sources and points of view to determine the extent and nature of the tobacco use problems of students in the schools and communities to be served. This assessment will include resources available that reflect the existing strengths of the school, students, parents, and community that will receive services from this grant. Helpful information can be found in current district assessments such as the California Healthy Kids Survey, other local surveys, and in the Local Improvement Plan. Existing local efforts and activities must be included in the assessment. This information will help establish the high priority targets for the program. Describe the process and data used to determine the need for a TUPE grant for the students in this application.

District:

School Site:

Form 5

COMPONENT C. - SCHOOL AND COMMUNITY INVOLVEMENT (10 Possible Points) The narrative is not to exceed **one form per school site**. Refer to the instructions on the back of this form.

COMPONENT C. - SCHOOL AND COMMUNITY INVOLVEMENT (10 Possible Points) The narrative is not to exceed **one form per school site**.

School and community involvement is an essential part of any successful program. Programs must be designed and managed at the school level with involvement from key personnel, (teachers, nurses, administrators), students (both tobacco non-users and users), and parents and community members with an interest in the school. Other community-based organizations may include county health departments (Local Lead Agencies for Tobacco Control), and Department of Health Services, Tobacco Control Section grant recipients, including Ethnic Networks. (Contact your county TUPE Coordinator for a list of recipients.) Although memoranda of understanding (MOUs) and letters of commitment are not required, they demonstrate how local school staff, parents and community organizations will support the program and may assist the application reader in determining whether legitimate school and community involvement will support the proposed program. (Attach any letters of support and MOUs as an appendix to the application.)

For each site represented in the application, describe :

- How the school, program staff, students, parents and community members were involved in program planning and design,
- How the school, program staff, students, parents and community members will be involved in the implementation of the proposed program,
- What mechanisms will be utilized for ongoing input and feed back, and
- The extent to which the site administrator is committed to supporting the program.

District(s):

School Site(s):

SAMPLE Form 6A

COMPONENT D. - PROGRAM PLAN - Principles #2 And #3 of The Principles of Effectiveness (Linking high priority needs to measurable objectives and implementing effective research-based program content and delivery strategies). **(25 Possible Total Points for Forms 6A, 6B, and 6C)** Refer to the instructions on the back of this page.

Strategies Serving GENERAL STUDENT POPULATION

High Priority Need(s) as Determined by the Needs and Strengths Assessment:

1. 20% of students surveyed in grades 9 and 11 have smoked cigarettes at least once in the last 6 months.

Student Outcome Objective(s):

2. By June 2003, the tobacco use of students in grades 9 and 11 will be reduced by 10% as measured by the CHKS.

	<u>Strategy #1</u>
Program Implementation Objective(s)	By June 2003, all Social Studies teachers will receive inservice training to deliver two Project TNT: Towards No Tobacco Use booster lessons to students in grades 9-12 as evidenced by workshop sign in sheets.
Program or Materials	Project TNT: Towards No Tobacco Use, (1998), ETR Associates
Description of Content	The two booster sessions are a follow-up to the district's adopted middle school TUPE program in which students learn accurate information about the consequences of tobacco use. The booster sessions provide high school students with the opportunity to practice assertive communication and refusal skills activities.
Description of Delivery Methods	During the 2002-2003 school year, all Social Studies teachers will deliver two booster sessions, one week apart. The content will be delivered in a lecture/discussion format and will include activities such as role-plays and small group student work.
Evidence of Effectiveness (All applications must cite research)	Sussman, S., Dent, C.W., Stacy, A.W., Sun, P., Craig, S., Simon, T.R., Burton, D., and Flay, B.R. (1993). Project Towards No Tobacco Use: One-year behavioral outcomes. <i>American Journal of Public Health</i> , 83(9), 1245-1250.
Justification for Content and Delivery Choices	In the last 3 years of implementation, our program has incorporated a variety of curricula with a lack of social influence instruction. Research has identified the importance of social influence instruction, which will be used by the proposed program.
Number of Students to be Served and Means of Student Identification	300 students in grades 9-12 in social studies classes

Instructions for Completing Component D. Program Plan - Principles 2 and 3 of the Principles of Effectiveness (Linking high priority needs to measurable objectives and implementing effective research-based program content and delivery strategies) **(25 Total Possible Points)**

Note: To assist applicants with information regarding tobacco prevention education research, strategies, programs and materials, refer to CDE's document **Getting Results** (see page 4 of the RFA) or access the following website: www.californiahealthykids.org.

1. Complete the designated forms for each of the following target groups:
 - Form 6A** Provide the required information about **at least one Prevention strategy** that will be implemented to deter **General Population** students from beginning to use tobacco.
 - Form 6B** Provide the required information about **at least one Intervention strategy** that will be implemented to deter **Students Most at Risk** from beginning to use tobacco. Provide a definition of "Most at Risk". (This group may include those experimenting with or beginning to use tobacco, or associating with peers who use tobacco.)
 - Form 6C** Provide the required information about **at least one Cessation strategy** that will be implemented to deter students currently using tobacco from continuing to use tobacco. If you chose to do Readiness for Cessation, include a strategy.
 2. On each form, indicate the high priority need(s) for that target group as determined by the needs and strengths assessment.
 3. On each form, provide **at least one** student outcome objective (e.g., percentage decrease in number of students who smoke) for that target group that is linked to the high priority need(s). The outcome or desired results should address the needs of the students in that target group.
 4. It is recommended that the applicant select one of the following 6 tobacco prevention performance indicators **for each target group**:
 - The percentage of students who think frequent use (daily or almost daily) of tobacco is harmful will increase annually by ___percentage.
 - The percentage of students who used tobacco *at school* within the past 30 days will decrease annually by ___percentage.
 - The percentage of students who used cigarettes within the past 30 days will decrease annually by ___percentage.
 - The percentage of students who used chewing tobacco or snuff within the past 30 days will decrease annually by ___percentage.
 - The percentage of students who have ever used cigarettes will decrease annually by ___percentage.
 - The percentage of students who have ever used chewing tobacco or snuff will decrease annually by ___percentage.
- Please note: The applicant will complete the percentage for one of the statements above for each target group.**
- Please note: All LEAs that receive TUPE funds established performance indicators as part of their 1999/2000 Consolidated Application, Part II. Contact your TUPE coordinator for more information regarding this.**
5. On each form, provide the following detailed information regarding the strategies selected:
 - a. At least one program implementation objective.
 - b. The title, year of publication, and publisher of the program or materials to be used.
 - c. A description of the content of the strategy.
 - d. A description of the delivery method(s) of the strategy.
 - e. The research evidence of the effectiveness of this strategy.
 - f. The justification for the content and delivery choices for the identified target group and implementation objective.
 - g. The number of students to be served by this strategy and the means of student identification.

When each form is completed, the information provided about the **main program content and delivery strategies** will specify the course of action to be taken to achieve the measurable objectives for that target group of students.

District(s):

School Site(s):

Form 6A

COMPONENT D. - PROGRAM PLAN - Principles #2 And #3 of The Principles of Effectiveness (Linking high priority needs to measurable objectives and implementing effective research-based program content and delivery strategies). **(25 Possible Total Points for Forms 6A, 6B, and 6C)** Refer to the instructions on the back of the sample page.

Strategies Serving GENERAL STUDENT POPULATION

High Priority Need(s) as Determined by the Needs and Strengths Assessment:

Student Outcome Objective(s):

	<u>Strategy #1</u>
Program Implementation Objective(s)	
Program or Materials	
Description of Content	
Description of Delivery Methods	
Evidence of Effectiveness (All applications must cite research)	
Justification for Content and Delivery Choices	
Number of Students to be Served and Means of Student Identification	

District(s):

School Site(s):

Form 6B

COMPONENT D. - PROGRAM PLAN - Principles #2 And #3 of The Principles of Effectiveness (Linking high priority needs to measurable objectives and implementing effective research-based program content and delivery strategies). **(25 Possible Total Points for Forms 6A, 6B, and 6C)** Refer to the instructions on the back of the sample page.

Strategies Serving Students MOST AT RISK

Definition of "Most at Risk":

High Priority Need(s) as Determined by the Needs and Strengths Assessment:

Student Outcome Objective(s):

	<u>Strategy #1</u>
Program Implementation Objective(s)	
Program or Materials	
Description of Content	
Description of Delivery Methods	
Evidence of Effectiveness (All applications must cite research)	
Justification for Content and Delivery Choices	
Number of Students to be Served and Means of Student Identification	

District(s):

School Site(s):

SAMPLE Form 6C

COMPONENT D. - PROGRAM PLAN - Principles #2 And #3 of The Principles of Effectiveness (Linking high priority needs to measurable objectives and implementing effective research-based program content and delivery strategies). **(25 Possible Total Points for Forms 6A, 6B, and 6C)** Refer to the instructions on the back of the sample page.

Strategies Serving CURRENT USERS

High Priority Need(s) as Determined by the Needs and Strengths Assessment:

Student Outcome Objective(s):

	<u>Strategy #1</u>
Program Implementation Objective(s)	
Program or Materials	
Description of Content	
Description of Delivery Methods	
Evidence of Effectiveness (All applications must cite research)	
Justification for Content and Delivery Choices	
Number of Students to be Served and means of student Identification	

COMPONENT E. - PROGRAM MONITORING AND EVALUATION PLAN Principle #4 of the Principles of Effectiveness (25 Possible Points). Refer to the instructions on the back of the page.

Provide a response for each of the following evaluation steps and monitoring activities:	Indicate person responsible for each step and activities	Indicate timeline for each step and activities
<ol style="list-style-type: none"> 1. Describe when and how CHKS data measuring prevalence of behaviors or attitudes (outcome data) related to program's objectives will be collected, analyzed, and used. 2. Describe how the applicant will be able to ensure the program's strategies and activities (process information) are on track and how to determine if the research/evaluation-based strategies are implemented with fidelity. 3. Describe how the applicant proposes to evaluate the overall effectiveness of the program by comparing the (a) measurable objectives, (b) CHKS trend data (outcome data), and (c) the implementation of the program strategies (process data). 4. Describe the process that will be used to implement changes that have been identified as a result of the collection and analysis of the outcome and process data. 		

Instructions for completing COMPONENT E. - PROGRAM MONITORING AND EVALUATION PLAN Principle #4 of the Principles of Effectiveness (25 Possible Points)

Program monitoring and evaluation is a key component of any program. The plan for monitoring and evaluation shall provide ongoing feedback on the integrity of the program implementation as well as the effectiveness of each of its strategies. It should be designed with assistance from personnel experienced in this area.

Provide the required information in the columns to demonstrate that implementing the monitoring and evaluation plan will serve as an important source of feedback for program improvement and effectiveness. Include information (for the entire funding period) about the activities needed to fully implement and evaluate the effectiveness of the program content and delivery strategies for each target group. Provide enough detail to allow the application readers an opportunity to confirm that the monitoring and evaluation activities have been well planned and that the program will have been fully implemented by the end of the funding period.

Note: The applicant agency and all participating districts must administer the district-level CHKS, including the core module and the tobacco supplement, to a representative population of students in grades 7, 9, and 11 within the initial year of funding and every other year thereafter as long as TUPE funding is received. LEAs may be required to conduct the district-level survey in schools and grade levels that are not participating in this grant, depending on valid sampling size as determined by WestEd. If an LEA has conducted the CHKS previously, the LEA may continue conducting the survey every other year, and does not need to conduct it within the first year of this grant. The CDE encourages all districts to administer the resiliency module as well.

Additionally, the following required reports must be submitted by the applicant agency regardless of who is responsible for the completion of the reports:

- | | | |
|---------------------------------|-----|--|
| 1. The 6-Month Progress Report | due | February 15, 2003 (Category I applicants only) |
| 2. The 12-Month Progress Report | due | August 15, 2003 |
| 3. The 24 Month Progress Report | due | August 15, 2004 |
| 4. Final Expenditure Report | due | May 16, 2005 |
| 5. Final Program Report | due | May 16, 2005 |

The Final Program Report is to include a summary of the program and student progress for the entire (33-month) grant term with conclusions derived from CHKS data and evaluation results for future program planning.

COMPONENT F. - PROJECT STAFFING (10 Possible Points)

The program must be implemented at the school level with a designated coordinator. A district coordinator who will provide oversight and technical assistance must also be identified. Provide names (when possible) of all key staff (personnel) involved in implementing the program, describe specific program responsibilities for key staff (personnel), and indicate the amount of time each key staff person will spend implementing the program in full-time equivalent (FTE) or number of hours to be worked. Identify which individuals will be paid with project funds and display the full-time equivalent (FTE) or hourly rate and the hours to be worked for each individual. Provide summaries of qualifications for the district and site program coordinators to demonstrate ability to effectively implement the program described in the application (you may attach a resume for each coordinator listed).

Location (School Site Name, District Office, County Office)	Name of Staff Member (if available)	Position/Title	Responsibilities and Qualifications	Time Allocation (in hours or FTE)	Specify Funding Source: (e.g., Project, In-Kind, etc.)

Applicant Agency Name: _____

CD Code: _____ **Form 9A****COMPONENT G. - BUDGET & BUDGET JUSTIFICATION (10 Possible Points)****Provide a Budget and Budget Justification for the entire 33 month funding period of: July 1, 2002 to March 31, 2005****Budget Summary Page*****This page will outline the dollar amount budgeted in each Line Item.***

	Line Items (By Object Code) {Object codes are in alignment with the CDE Standardized Account Code Structure (SACS)}	Budgeted Amount
1.	1000 Salaries/Certificated	
2.	2000 Salaries/Classified	
3.	3000 Benefits	
4.	4000 Materials and Supplies	
5a.	5200 Travel/Conference	
5b.	5600 Rent/Leases/Repairs	
5c.	5700 Interprogram Services	
5d.	5800-0000 Non-Instructional Consultant Services	
5e.	5800-1000 Instructional Consultant Services	
6.	TOTAL DIRECT COSTS (Add Lines 1 through 5e)	
7.	7000 Indirect Costs at _____ % of Direct Costs (line 6) (Rate must not exceed the CDE-approved rate for fiscal year 2001-2002 programs. For FYs 02/03, 03/04 & 04/05 the indirect cost rate must not exceed the CDE-approved rate for the specific fiscal year.)	
8.	TOTAL BUDGET (Add lines 6 & 7.) This Total Budget amount must be equal to the budget amount requested (for the entire 33 month grant period) on the Application Cover Sheet.	

Applicant Agency Name: _____

CD Code: _____ **Form 9B**

BUDGET JUSTIFICATION/DETAIL

The purpose of this page is to provide sufficient line item detail to justify the budget. The budget pages must provide all required information even if the items have already been identified in another section.

Object Code	Budget Detail by Line Item Description and Year (See Instructions)	Sub-Total (for each expenditure)	Total Budgeted for each Line Item

Budget/Budget Justification Requirements

Budget Limitations:

- The purchase of property or equipment is not allowed with these funds.
- The purchase of food is not an allowable expense under the TUPE program (except if absolutely necessary to implement a strategy which is conducted beyond normal school hours or other training events held after school, off-site, during summer sessions and/or on Saturdays).
- Out-of-state travel by a grantee for purposes of this grant is not allowed.
- Indirect costs are not to exceed the CDE-approved rate for 2001-2002 programs. This rate is based on 1999-2000 J-380/580 expenditures for the applicant agency, as reported to CDE. For fiscal years 02/03, 03/04 & 04/05, the indirect cost rate must not exceed the CDE-approved rate for the specific fiscal year.
- Indirect costs are to be charged against direct costs only (**not on the total grant amount**). See the examples and worksheet on Attachment 3.

Required Detail:

Object Codes

1000-2000

For all personnel, include FTE, number of days, rate of pay, etc., and a brief description of the duties/services to be performed.

- | | |
|-----------|---|
| 3000 | Benefit costs charged to this program must be proportionate to the percentage of salary charged to this program. Costs for PERS Reduction must be identified separately. |
| 4000 | Costs for instructional materials and other materials/office supplies must be identified separately. Provide examples of what will be purchased or other justification. For example: General Office Supplies @ \$25 per month x 20 months x 15 schools = \$7,500. |
| 5200 | Each conference must be listed separately with the costs broken out. Costs for conferences that are not tobacco-specific cannot be charged 100% to this grant. Only the percentage that is directly related to tobacco use can be charged. Include rates of reimbursement for mileage, lodging, and per diem. |
| 5600 | Identify costs for rental of meeting facilities (when justified), rental of equipment, equipment repair, etc. Costs must be broken out and detail must be provided. |
| 5700 | Identify interprogram services that will be charged to this line item. |
| 5800-0000 | For all non-instructional consultant contracts/services, include FTE, number of days, rate of pay, etc., and a brief description of the duties/services to be performed. |
| 5800-1000 | For all instructional consultant contracts, include FTE, number of days, rate of pay, etc., and a brief description of the duties/services to be performed. |
| 6000 | Capital Outlay costs are NOT allowable under this grant. |
| 7000 | (See Attachment 3 for worksheet for calculating indirect costs.) |

PROGRAM DESCRIPTION (No Possible Points)

Provide a one-page description of the proposed program. This description should describe a summary of the key aspects of the proposed program. The CDE may remove this description from the application to be published elsewhere or may be disseminated to other agencies upon request.

